

VERA ARTERBURN MEMORIAL SCHOLARSHIP FUND

TO: CAHCF MEMBERS
FROM: VAMSF BOARD OF DIRECTORS
DATE: MAY 17, 2018
RE: VAMSF 2018 SCHOLARSHIP PROGRAM

The Board of Directors of the Vera Arterburn Memorial Scholarship Fund are pleased to provide you with information on the **2018 VAMSF Scholarship Program**, including a promotional poster and the scholarship application.

Please remember that the scholarship application was changed, there is a **RECOMMENDATION FORM** that needs to be completed by either the facility's **Administrator OR the Immediate Supervisor of the applicant**. Once completed, please place the recommendation in a sealed envelope with your signature across the seal and return it to the applicant, so that it can be included with the application.

Please hang the poster in your staff lounge and distribute the scholarship application to those interested. If you need additional applications, you will find it on website www.cahcf.org under the Reference tab.

If you have any questions, please feel free to contact Adriana Manning at (860) 290-9424 or by E-mail amanning@cahcf.org

VERA ARTERBURN MEMORIAL SCHOLARSHIP FUND



VAMSF 2018 NURSING SCHOLARSHIP PROGRAM

The Vera Arterburn Memorial Scholarship Fund, Inc., was established in 1987 by the Connecticut Association of Health Care Facilities, Inc., to honor one of the founders of our Association. VAMSF annually awards scholarships in varying amounts to qualified recipients who are seeking to continue their education in nursing with the intent of working in the long-term care field.

Scholarship Award Criteria:

Applicants must meet **ALL** of the criteria listed below in order to qualify:

- At the time of the application and at the time the scholarships are awarded, the applicant must work for or be an immediate family member of an employee of a CAHCF member facility in good-standing. Immediate family is defined as: husband, wife, child, sibling, parent, step-parent, step-brother or step-sister.
- Applicants must be enrolled or accepted in an accredited school of nursing either at the undergraduate or graduate level.
- Scholarships shall be awarded on a one (1) school year basis, subject to renewal for not more than three (3) succeeding years, at the discretion of the Scholarship Committee, provided that the recipient demonstrates that he/she fulfilled the requirements established by the Committee. The applicant must apply each year.

Applicants Will Be Selected Based on The Following Criteria:

- Prior academic performance.
- Performance on tests assigned to measure ability and aptitude for the scholarship work to be undertaken.
- Recommendations from Administrator, Immediate Supervisor, Co-Worker, and lastly an academic, community or professional source.
- Consideration of financial need.
- Commitment to the nursing profession in a long-term care setting
- Residency in Connecticut.

Eligible Submissions Must Include:

- A completed and signed application;
- A copy of the acceptance letter from the nursing school (new students only) or a copy of the most recent grades transcript (enrolled students only) – transcript may be printed from the College's official website;
- A completed personal essay;
- Three completed recommendation forms in sealed and signed envelopes. The three (3) recommendations must come from: the facility's Administrator or your immediate supervisor, an additional co-worker from the facility and an academic, community or professional source.

Application MUST BE RECEIVED BY: JUNE 13, 2018 before NOON

- Applications and supporting materials should be mailed to: **VAMSF c/o CAHCF, 213 Court Street, Suite 202, Middletown, CT 06457.**
- The VAMSF Board of Directors will judge qualified applications.
- Awarded scholarships are placed in the care of the winner's approved educational institution to be credited to the winner's tuition and/or fees for the 2018 - 2019 academic year.
- Applicants will be notified of the results by June 27, 2018.

If you have questions please contact Adriana Manning at amanning@cahcf.org or 860-290-9424

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2018 Scholarship Application

To be eligible for a VAMSF scholarship, your application packet – including a completed, signed application, the acceptance letter (new students) or transcript (enrolled students), personal essay, and three separately sealed recommendations – must be **RECEIVED by VAMSF by JUNE 13, 2018 before NOON.**

PART 1: Application (Please type or print clearly)

I hereby apply for a Vera Arterburn Memorial Scholarship.

Name: _____ Date: _____

Home Address: _____

City: _____ ST: _____ Zip: _____

Day Phone Number: _____

E-mail Address: _____

Date of Birth: _____
Month Day Year

Facility and Employment Information:

Facility Name: _____

Address: _____

City/State/ZIP: _____

Administrator's Name: _____

Director of Nursing Name: _____

Applicant's Title/Position: _____

Total Years Working in Present Facility: _____

Total Years Working in Long-Term Care: _____

Past Employment: If you have not been employed at the above facility for the last five years, please attach a list of previous employers and positions.

Financial Need:

Are you a previous recipient of a VAMSF scholarship: _____ Yes _____ No

If yes, please list the year(s) and amount(s): _____

Are you receiving other scholarship funds? If yes, please explain: _____

Are there any unique financial needs that we should consider?

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Educational Institution Information:

License Type: LPN _____ RN _____

Degree Type: Diploma _____ AD _____ BSN _____ MSN _____

Enrollment/Matriculation Date: _____ Expected Graduation Date: _____

Anticipated Tuition and Fees Per Semester: _____

Educational Institution's Name: _____

Institution's Financial Aid Office Address: _____

(Location where scholarship check should be sent)

City/State/Zip: _____

Part 2: Personal Essay:

On a separate sheet(s) of paper, please compose an essay of up to 350 words, typed and double spaced. Include your name at the top of each response sheet. The essay must be your own work and include discussion on the following:

- Your work history in long-term and post-acute care skilled nursing facilities.
- Your personal qualities that enable you to fulfill the responsibility of providing quality care to residents and the facility. (Give specific examples of ways you provide the best in quality care.)
- The rewards you gain from working in a skilled nursing facility.
- Your career plans once your educational goal is achieved.

Part 3: Acceptance letter or transcript:

Applicants currently enrolled in a college must submit a copy of their most recent grades transcript, (a transcript printed from the college's official website is acceptable.) Applicants who are newly enrolled students (without an established transcript) must submit a copy of the acceptance letter from their nursing school. **Students who have not yet been accepted into their respective program, are not eligible for this scholarship.**

Part 4: Three (3) Recommendation Forms:

Two recommendation forms must be completed by the long-term care facility at which are working; **one of these MUST be completed by the Administrator or your director supervisor.** The third recommendation form must come from another source such as academic, community or professional.

The three (3) completed recommendation forms are to be placed in a sealed envelope with their signature across the seal, and returned to you for inclusion in the application packet. Only recommendations received in this manner will be accepted.

Application Checklist: (Applications that are missing information will not be considered)

- Completed and signed Application
- Personal essay
- Acceptance letter or transcript
- Recommendation forms (3) in a sealed envelope with signature across the seal.

Application DEADLINE: JUNE 13, 2018 by NOON

Terms of Agreement:

I certify that I meet all of the requirements for a student in good-standing at an approved institution. I certify that all of the information contained herein is true and correct.

Applicant Signature: _____ Date: _____

If you are under the age of 18 please have your Parent or Guardian sign: _____

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Recommendation Form 1 FACILITY ADMINISTRATOR OR IMMEDIATE SUPERVISOR

The applicant below is applying for a VAMSF scholarship for students pursuing a career in long-term nursing. You are asked to complete this form and a letter of recommendation (typed or neatly printed) and place it in a **sealed envelope with your signature across the seal** and **return it to the applicant for inclusion in his/her application packet**. *Recommendations mailed separately from applications will not be accepted.*

Please type or print clearly

Applicant's name: _____

Part A: General Information:

Your Name: _____ Title: _____

Facility Name: _____

Address: _____

City/State/ZIP: _____

E-mail Address: _____ Telephone: _____

How long have you known the applicant? _____

Part B: Please rate the applicant in the following areas:

	Low	Average	High	No Opinion
Commitment shown in current facility role	_____	_____	_____	_____
Interest in a long-term care career	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Sensitivity	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____

Part C: In the space below or on a separate sheet of paper, please describe why you believe this applicant would be a worthy recipient of a VAMSF scholarship. Please use specific examples and limit your response to 200 words.

Signature: _____ Date: _____

Please remember to place this form and your statement in a sealed envelope with your signature across the seal and return it to the applicant for inclusion in his/her application packet.
Recommendations mailed separately from applications will not be accepted.

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Recommendation Form 2 FACILITY CO-WORKER

The applicant below is applying for a VAMSF scholarship for students pursuing a career in long-term nursing. You are asked to complete this form and a letter of recommendation (typed or neatly printed) and place it in a **sealed envelope with your signature across the seal and return it to the applicant for inclusion in his/her application packet**. *Recommendations mailed separately from applications will not be accepted.*

Please type or print clearly

Applicant's name: _____

Part A: General Information:

Your Name: _____ Title: _____

Facility Name: _____

Address: _____

City/State/ZIP: _____

E-mail Address: _____ Telephone: _____

How long have you known the applicant? _____

Part B: Please rate the applicant in the following areas:

	Low	Average	High	No Opinion
Commitment shown in current facility role	_____	_____	_____	_____
Interest in a long-term care career	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Sensitivity	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____

Part C: On a separate sheet of paper, please describe why you believe this applicant would be a worthy recipient of a VAMSF scholarship. Please use specific examples and limit your response to 200 words.

Signature: _____ Date: _____

Please remember to place this form and your statement in a sealed envelope with your signature across the seal and return it to the applicant for inclusion in his/her application packet.
Recommendations mailed separately from applications will not be accepted.

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Recommendation Form 3 ACADEMIC, COMMUNITY OR PROFESSIONAL

The applicant below is applying for a VAMSF scholarship for students pursuing a career in long-term nursing. You are asked to complete this form and a letter of recommendation (typed or neatly printed) and place it in a **sealed envelope with your signature across the seal and return it to the applicant for inclusion in his/her application packet.** *Recommendations mailed separately from applications will not be accepted.*

Please type or print clearly

Applicant's name: _____

Part A: General Information:

Your Name: _____ Title: _____

Facility Name: _____

Address: _____

City/State/ZIP: _____

E-mail Address: _____ Telephone: _____

How long have you known the applicant? _____

Part B: Please rate the applicant in the following areas:

	Low	Average	High	No Opinion
Commitment shown in current facility role	_____	_____	_____	_____
Interest in a long-term care career	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Sensitivity	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____

Part C: On a separate sheet of paper, please describe why you believe this applicant would be a worthy recipient of a VAMSF scholarship. Please use specific examples and limit your response to 200 words.

Signature: _____ Date: _____

Please remember to place this form and your statement in a sealed envelope with your signature across the seal and return it to the applicant for inclusion in his/her application packet.

Recommendations mailed separately from applications will not be accepted.